|   |  |   |                       |              |                            |                  |            | Application or Docket Number |                        |         |                            |                        |  |
|---|--|---|-----------------------|--------------|----------------------------|------------------|------------|------------------------------|------------------------|---------|----------------------------|------------------------|--|
|   | PATENT APPLICATION FEE DETERMINATION RECORD  |   |                       |              |                            |                  |            |                              |                        |         |                            |                        |  |
| Effective October 1, 2000   |  |   |                       |              |                            |                  |            | 09/778259                    |                        |         |                            |                        |  |
| CLAIMS AS FILED - PART I  |  |   |                       |              |                            |                  |            | ALL E                        | NTITY                  |         | OTHER THAN                 |                        |  |
| (Column 1) (Column 2)   |  |   |                       |              |                            |                  | TYP        |                              |                        | OR      | SMALL E                    |                        |  |
| TOTAL CLAIMS  |  |   | 33                    |              |                            |                  | R          | ATE                          | FEE                    | l       | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED          |              | NUMBER EXTRA               |                  | BAS        | IC FEE                       | 355.00                 | OR      | BASIC FEE                  | · 710.00               |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | <u> う</u> う minus 20= |              | . 13                       |                  | X\$ 9=     |                              | וו                     | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | 시 minus 3 =           |              | •                          |                  |            | 40=                          | 40                     | OR      | X80=                       |                        |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PE                             |                       |              |                            |                  | 135=       | 1                            | OR                     | +270=   | • • • • •                  |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                       |              |                            |                  |            | OTAL                         | 512                    | OR      | TOTAL                      |                        |  |
| AL. III CLAIMS AS AMENDED - PART II   |  |   |                       |              |                            |                  |            |                              | 012                    | JOR     | C                          | THAN                   |  |
| 8   | (Column 1) (Column 2) (Column 3)   |   |                       |              |                            |                  |            | SMALL ENTITY                 |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|   |  | CLAIMS<br>REMAINING                       |                       | HIGH         | EST<br>BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                         | ADDI-<br>TIONAL<br>FEE | 1       |                            | ADDI-                  |  |
| AMENDMENT A   |  | AFTER AMENDMENT                           | ,                     | PREVIO       |                            |                  | R          |                              |                        |         | RATE                       | TIONAL<br>FEE          |  |
|   | Total  | . 5                                       | Minus                 | 3            | 9                          | =Ø ·             | X\$ 9= \   |                              | OR                     | X\$18=  |                            |                        |  |
|   | Independent  | •   | Minus                 | ***          | 4                          | = 0              | ×          | 40=                          |                        | OR      | X80=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                       |              |                            |                  |            | 05                           |                        |         | +270=                      |                        |  |
|   |  |   |                       |              |                            |                  |            | TOTAL                        |                        | OR      | TOTAL                      |                        |  |
|   |  |   |                       |              |                            |                  |            | IT. FEE                      |                        | OR      | ADDIT. FEE                 | <u> </u>               |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                       |              |                            |                  |            |                              |                        | a .,    |                            |                        |  |
| AMENDMENT B   | e de la companya de l | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVI | IBER<br>OUSLY<br>FOR       | PRESENT<br>EXTRA | R          | ATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                 | **           |                            | =                | X          | \$ 9=                        |                        | OR      | X\$18=                     |                        |  |
| AME   | Independent  | •   | Minus                 | ***          |                            | = .              | X          | 40=                          |                        | OR      | X80=                       |                        |  |
|   | FIRST PRESE  | JLTIPLE DEP                               | TIPLE DEPENDENT CLAIM |              |                            |                  |            |                              | 1                      | 070     |                            |                        |  |
|   |  |   |                       |              |                            |                  |            | 135=<br>TOTAL                |                        | OR      | +270=                      |                        |  |
|   |  |   |                       |              |                            |                  |            | IT. FEE                      |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                       |              |                            |                  |            |                              |                        |         |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREVI | EST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R          | ATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                 | **           |                            | =                | X          | \$ 9=                        |                        | OR      | X\$18=                     |                        |  |
| ME  | Independent  | •   | Minus                 | ***          |                            | =                |            | 40=                          |                        | OR      | X80=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                       |              |                            |                  | <b> </b>   |                              |                        | UN      |                            |                        |  |
|   | If the entries action  | mm 4 in lana tha- 4                       | o ootou in oot-       | mn 2 mail    | a TOP is as                | lumo 3           | Ц          | 35=                          |                        | OR      | +270=                      |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |  |   |                       |              |                            |                  |            |                              |                        |         |                            |                        |  |
|   |  | nber Previously Pa                        |                       |              |                            |                  | er found i | n the ap                     | propriate bo           | x in co | lumn 1.                    |                        |  |